

## VI. ATTACHMENTS

- A Commercial Review Submittal Form
- B - C Plan Checklist
- D Plan Submittal Requirements for Commercial Development
- E - H Highlands Ranch Metro Districts Industrial Waste Questionnaire
- I - J Highlands Ranch Metro Districts Silver Mercury Waste Discharge Questionnaire
- K - L Procedures for Calculating the Size of the Water Service Lines and Meters Customer Data Sheet
- M Highlands Ranch Metro Districts Sizing Water Service Lines and Meters Customer Data Sheet
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- O Sizing the Customer's Service and Meter
- P Highlands Ranch Metro Districts Application for Water & Sewer Service & Commercial Irrigation Schedule Application

COMMERCIAL REVIEW SUBMITTAL FORM

Date Received by HRMD: \_\_\_\_\_ Due Date: \_\_\_\_\_ Received by: \_\_\_\_\_

\_\_\_\_\_ STAND ALONE BUILDING

\_\_\_\_\_ RE-SUBMITTAL

Project Name: \_\_\_\_\_ Filing Number \_\_\_\_\_

Project Location Address: \_\_\_\_\_

Project Owner: \_\_\_\_\_

Name of Consultant or Owner Representative: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please include this "Submittal Form" with all submittals and re-submittals. For Initial Review: fill out all forms in the Commercial Development Guideline packet in the back of the book.

Submitted By: \_\_\_\_\_

## Highlands Ranch Metropolitan Districts Plan Checklist

Project Name: \_\_\_\_\_ Filing Number \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Prepared By: \_\_\_\_\_

The following is a checklist of the items that are required to be on plans that are submitted to the District for commercial projects. **Failure to complete and submit this checklist may result in the rejection of this submittal.**

**The following items must be included on the drawings. If not applicable please indicate "NA".**

### I Easements

- Utilities will be dedicated to the District for maintenance?  
\_\_ No  
  
\_\_ Yes If yes, easements will be submitted as required under section 2.05 B of the standard specifications. (Plan approval is contingent on receiving easement documents)

### II Utility Plans

- Site Plan
  - \_\_ Existing utilities
  - \_\_ Proposed utilities
  - \_\_ Easements
- Construction Materials
  - \_\_ Sanitary sewer main materials
  - \_\_ Water main materials
  - \_\_ Sanitary sewer service materials
  - \_\_ Water service materials
- Plan and Profiles
  - \_\_ Sanitary sewer main profiles
  - \_\_ Water main (Crossings with other utilities)
  - \_\_ Sanitary sewer service profile(s)
  - \_\_ Water service profile(s)
  - \_\_ Bearings and Distances
  - \_\_ Stationing (Plan & Profile)
- Sampling Manholes
  - \_\_ Location (outside of District easement)  
See additional sheets in pullouts.

- Water Meter Location  
 Outside  
 Inside

### III Architectural Plans

- Set of Architectural Drawings  
 A complete set of drawings including all phases of construction
- Plumbing/Mechanical Drawings  
 Water line isometric  
 Sanitary line isometric  
 Water meter/Backflow prevention devices (to scale on all applicable drawings.)  
 Positioning notes (on all applicable drawings)  
 Complete floor plan showing all fixtures  
 Elevation drawing(s)  
 Grease interceptor (if applicable)
- Plans  
 Initial submittal (1 complete set of all drawings)  
 Final submittal (5 sets for stand alone structures)  
 Final submittal (4 sets for tenant finish of applicable drawings)  
 Signed and sealed by Engineer/ Architect
- Highlands Ranch Waste Questionnaire  
 Completed and signed
- Water Service Sizing Calculations  
 Completed fixture unit counts (Use A.W.W.A. forms provided only)
- Backflow Prevention Devices

The District requires the installation of an approved reduce pressure principal device backflow preventer on the incoming domestic waterline for the purpose of containment from the Districts water system. We however will require additional isolation devices depending on the type of use.

The following is a list of the potential other uses that will require an additional isolation devices:

- Soda dispensers (approved R.P.P.D. is required)
- Dental facilities
- Food preparation
- Medical facilities
- Veterinary facilities
- Beauty shops/Barber shops/Nail Salons
- Photo processing facilities

# PLAN SUBMITTAL REQUIREMENTS FOR COMMERCIAL DEVELOPMENT

Project Name: \_\_\_\_\_ Filing Number \_\_\_\_\_

Project Address: \_\_\_\_\_ Submitted By: \_\_\_\_\_

The following information is required on plans that are submitted for District approval.

## STAND ALONE OR SHELL FINISH BUILDINGS

**If you are proposing to construct a building that is a stand alone structure or a multiple tenant use building, all of the information in Chapter II of Plan Procedure/Design and Approval that is part of the Metro Districts Commercial Development Guidelines for Utilities and Landscaping will be required.**

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- A complete set of stand alone drawings, including Electrical, Plumbing, Mechanical and Architectural.
  - Show location of required isolation backflow prevention devices.
  - Complete plumbing plan showing all fixtures and water and sewer lines.
  - Isometric drawing of the water and sanitary sewer line, including the backflow preventer.
  - Plan view showing location of backflow preventer. (*See Standard Details book*)
  - Elevation view of area where backflow preventer is to be installed.
- Commercial Review Submittal Form
- Plan Checklist
- Plan Submittal Requirements
- Highlands Ranch Waste Questionnaire (*Filled out and signed forms for all type of use.*)
- Highlands Ranch Silver Mercury Discharge Questionnaire (*For dental and medical office's x-ray equipment and photo labs.*)
- Fill out Water Service Line Sizing Calculation Sheet, indicating all existing and new water fixtures in tenant space.

**\*All final submittals will be signed and sealed drawings.**

# HIGHLANDS RANCH METRO DISTRICTS

## Industrial Waste Questionnaire

- 1) Company/ Owners name, mailing address, city, state, zip code and phone  
 Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_
  
- 2) Proposed Commercial, Production or Manufacturing facility location.  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_
  
- 3) Name of person authorized to represent this facility in official dealings with the District.  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_
  
- 4) Identify the type of business to be conducted (auto repair, machine shop, electroplating, painting, warehousing, printing, meat packing, food processing, etc.)
  
- 5) Provide a brief narrative description of the commercial, manufacturing, production or service activities your firm plans to conduct.

6) Does your activity involve the use of any of the following (Please check the appropriate box Yes, No, or ? for not sure.)

	Yes	No	?		Yes	No	?
Inks, dyes or paints				Polycyclic Aromatic Hydrocarbons			
Solvents or Degreasers				Nitrosamines			
Flammables				Nitrogen Containing Compounds			
Explosives				Radioactive Isotopes			
Corrosives				Halogenated Aliphatics			
Greases or Oils				Ethers			
Pesticides				Monocyclic Aromatics			
Herbicides				Phenols or Cresols			
Metals				Phthalate Esters			
PCB's & related compounds							

7) This facility is expected to generate the following types of waste. (Check all that apply)

	Est. gal per day	Est. gal per day
Domestic waste (restrooms, showers, etc.)		Cooling water, non contact
Process waste		Cooling water, contact
Equipment / Facility washdown		Air pollution control unit
Boiler / Tower Blowdown		Other (describe)

8) Do you expect any liquid wastes or sludge from this facility to be disposed of by means other than discharge to the sewage system?

Yes \_\_\_ No

9) These wastes may best be described as: Estimated Gallons or Pounds per year Estimated Gallons or Pounds Per year

Acids / Alkalies		Pesticides	
Heavy Metal Sludge		Plating wastes	
Inks / Dyes		Pretreatment sludge	
Oil / Grease		Solvents / Thinners	
Organic Compounds		Other (specify)	
Paints		Other (specify)	

10) Provide names and addresses of contractors that may haul wastes from your site. (Used solvents, oils, dry-cleaning solvents, sludge, etc.)

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11) Is a Spill Prevention Control Plan prepared for your facility?

Yes \_\_\_ No \_\_\_ If yes, please attaches a copy.

12) Number of employee shifts expected to be worked per 24-hour day \_\_\_\_\_

13) Average number of employees per shift? \_\_\_\_\_

14) Check days of week this facility will be operating.

<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Sunday
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15) Hours of each shift (Include AM and PM)

First shift \_\_\_\_\_ Second Shift \_\_\_\_\_ Third Shift \_\_\_\_\_

16) Briefly describe the production process (include chemicals, raw materials, process flow schematics, plant layout, etc. attach additional sheets if necessary.

17) The production process is: (check applicable)

<input type="checkbox"/>	Batch	<input type="checkbox"/>	Continuous	<input type="checkbox"/>	Both
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If batch process, the average number of batches per day \_\_\_\_\_

18) Is production expected to be subject to seasonal variation?

Yes \_\_\_\_ No \_\_\_\_

19) Are there any process changes or expansions planned during the next three years?

Yes \_\_\_\_ No \_\_\_\_

If yes describe. If your facility expects to employ processes in any of the industrial categories below place a check beside the category or business activity.

<input type="checkbox"/>	Adhesives and Sealant	<input type="checkbox"/>	Paint and Ink Formulation
<input type="checkbox"/>	Aluminum Forming	<input type="checkbox"/>	Pesticides
<input type="checkbox"/>	Auto and Other Laundries	<input type="checkbox"/>	Petroleum Refining
<input type="checkbox"/>	Battery Manufacturing	<input type="checkbox"/>	Pharmaceutical Preparation
<input type="checkbox"/>	Coal Mining	<input type="checkbox"/>	Photographic Supplies and Equipment
<input type="checkbox"/>	Coil Coating	<input type="checkbox"/>	Plastics and Synthetic Materials Manufacturing
<input type="checkbox"/>	Copper Forming	<input type="checkbox"/>	Plastics Processing
<input type="checkbox"/>	Electric and Electronic Components	<input type="checkbox"/>	Porcelain Enameling
<input type="checkbox"/>	Electroplating	<input type="checkbox"/>	Printing and Publishing
<input type="checkbox"/>	Explosives Manufacturing	<input type="checkbox"/>	Pulp and Paper Mills
<input type="checkbox"/>	Foundries	<input type="checkbox"/>	Rubber Products
<input type="checkbox"/>	Gum and Wood Chemicals	<input type="checkbox"/>	Soaps and Detergent Manufacturing
<input type="checkbox"/>	Inorganic Chemicals Manufacturing	<input type="checkbox"/>	Steam Electric Power Plants
<input type="checkbox"/>	Iron and Steel Manufacturing	<input type="checkbox"/>	Textile Mills
<input type="checkbox"/>	Leather Tanning and Finishing	<input type="checkbox"/>	Timber Products Processing
<input type="checkbox"/>	Mechanical Products Manufacturing	<input type="checkbox"/>	Dairy Products
<input type="checkbox"/>	Nonferrous Metals Manufacturing	<input type="checkbox"/>	Slaughter / Meat Packing / Rendering
<input type="checkbox"/>	Ore Mining	<input type="checkbox"/>	Food / Edible Products Processor
<input type="checkbox"/>	Organic Chemicals Manufacturing	<input type="checkbox"/>	Beverage Bottler

20) Pretreatment devices or processes anticipated to be used for treating wastewater or sludge prior to discharge to the sanitary sewer. (check all that are applicable)

<input type="checkbox"/>	Air Flotation	<input type="checkbox"/>	Neutralization or pH correction
<input type="checkbox"/>	Centrifuge	<input type="checkbox"/>	Ozonation
<input type="checkbox"/>	Chemical Precipitation	<input type="checkbox"/>	Reverse osmosis

Chlorination	Screening
Cyclone	Sedimentation
Filtration	Septic Tank
Flow Equalization	Solvent Distillation
Grease or Oil Separation	Solvent Separation
Grease Trap	Biological Treatment (Specify)
Grease and Sand Trap	Other Chemical Treatment (Specify)
Grit Removal	Other Physical Treatment (Specify)
Ion Exchange	No Pretreatment Provided

- 21) If any laboratory analyses have been performed on the wastewater discharge(s) from a similar facility, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and the location(s), from which sample(s) were taken (attach sketches, plans, etc. as necessary).

**HAZARDOUS WASTE DISCHARGE REPORTING NOTIFICATION:** This notification is intended to inform your business of their obligations under 40 CFR Section 403.12(p). These requirements are for the reporting discharges of hazardous waste to the sanitary sewer.

The User shall notify the District, the EPA Regional Waste Management Division Director, and State hazardous waste authorities in writing of any discharge into the sanitary sewer system of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR Part 261. Such notification must include the name of the hazardous waste as set forth in 40 CFR Part 261, the EPA hazardous waste number, and the type of discharge (continuous, batch, or other). The District is requiring this notification for a discharge of hazardous waste to the sanitary sewer system and the report shall be made immediately or immediately of learning of the discharge.

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and or imprisonment.

Date \_\_\_\_\_

Signature of Official \_\_\_\_\_

Name of Official \_\_\_\_\_

Title \_\_\_\_\_

**Highlands Ranch Metro Districts**  
**Silver Mercury Waste Discharge Questionnaire**  
(To be completed by tenants who plan to process photo/x-ray film or dental work)

Business name:

\_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Individual providing information:

\_\_\_\_\_

Type of Business: (Check and complete all that apply)

( ) Medical Office

- Do you use x-ray equipment

\_\_\_\_\_

- How are the developer and fixer currently disposed?

\_\_\_\_\_

\_\_\_\_\_

- If these wastes are being put down the drain, how many gallons per week are being disposed?

\_\_\_\_\_

- Do you use any type of silver recovery device?

\_\_\_\_\_

- If yes, who provides the equipment or services the units?

\_\_\_\_\_

\_\_\_\_\_

- If you use a silver reclamation or disposal service, who provides these services for you?

\_\_\_\_\_

( ) Dental Office

- Do you have a system to collect dental filling waste?

\_\_\_\_\_

\_\_\_\_\_ (CONTINUED - NEXT PAGE)

- Do you use x-ray equipment?  
\_\_\_\_\_
- How are the developer and fixer currently disposed?  
\_\_\_\_\_  
\_\_\_\_\_
- If these wastes are being put down the drain, how many gallons per week are being disposed?  
\_\_\_\_\_
- Do you use any type of silver recovery device?  
\_\_\_\_\_
- If yes, who provides the equipment or services the units?  
\_\_\_\_\_
- If you use a silver reclamation or disposal service, who provides these services for you?\_\_\_\_\_

( ) Photo Lab

- Do you use photo-developing equipment?  
\_\_\_\_\_
- How are process chemicals currently disposed?  
\_\_\_\_\_
- If these wastes are being put down the drain, how many gallons per week are being disposed?  
\_\_\_\_\_
- Do you use any type of silver recovery device?  
\_\_\_\_\_
- If yes, who provides the equipment or services the units?  
\_\_\_\_\_
- If you use a silver reclamation or disposal service, who provides these services for you?\_\_\_\_\_

Signature: \_\_\_\_\_  
Date\_\_\_\_\_

PROCEDURES FOR CALCULATING  
THE SIZE OF THE WATER SERVICE LINE

The Metro District uses a modified version of the American Water Works Associations Manual 22. A description of the procedure and calculation forms follows.

**Sizing Water Service Line and Meters**

1. Fill in the fixture values for the fixtures that are being installed in the facility (Also fill out this form for existing fixtures in an existing structure.)
2. Fill in the combined fixture value total.

**Figure 4.4 and Figure 4.5**

1. Use the following information to determine The maximum allowable fixtures for 3/4" and 1" meters are:

Maximum fixture values for the following meter sizes.

<u>Meter</u>	<u>Fixture units</u>
3/4"	16 fixture units
1"	27 fixture units

2. In cases involving more than 27 fixture units combined fixture values on table 4.4 or 4.5 using the upper curve only to determine the gallons per minute demand.

Take the g.p.m value from the appropriate table and multiply it times the pressure factor from table 4.2. (Use pressure factor 1.46 from page P). (Example 40.0 g.p.m X 1.46 = 58.4 g.p.m.)

**Tables 5.6 and 5.7**

1. Go to table 5.6 and 5.7 to look up the allowable flow through a given water meter using the 80 % of the maximum capacity column to determine the size of the meter.

The following is the maximum allowable design flow through the various size meters. This applies to domestic as well as irrigation demands.

3/4"	24 g.p.m
1"	40 g.p.m
1-1/2"	80 g.p.m
2"	130 g.p.m

The installation of an irrigation system requires a separate tap and meter. The size of the tap and meter is based on the demand of the largest zone in the system.

Hose bibs on the outside of the structure need to be included on the water sizing calculation sheet in the upper portion as wash down.



## SIZING WATER SERVICE LINES AND METERS

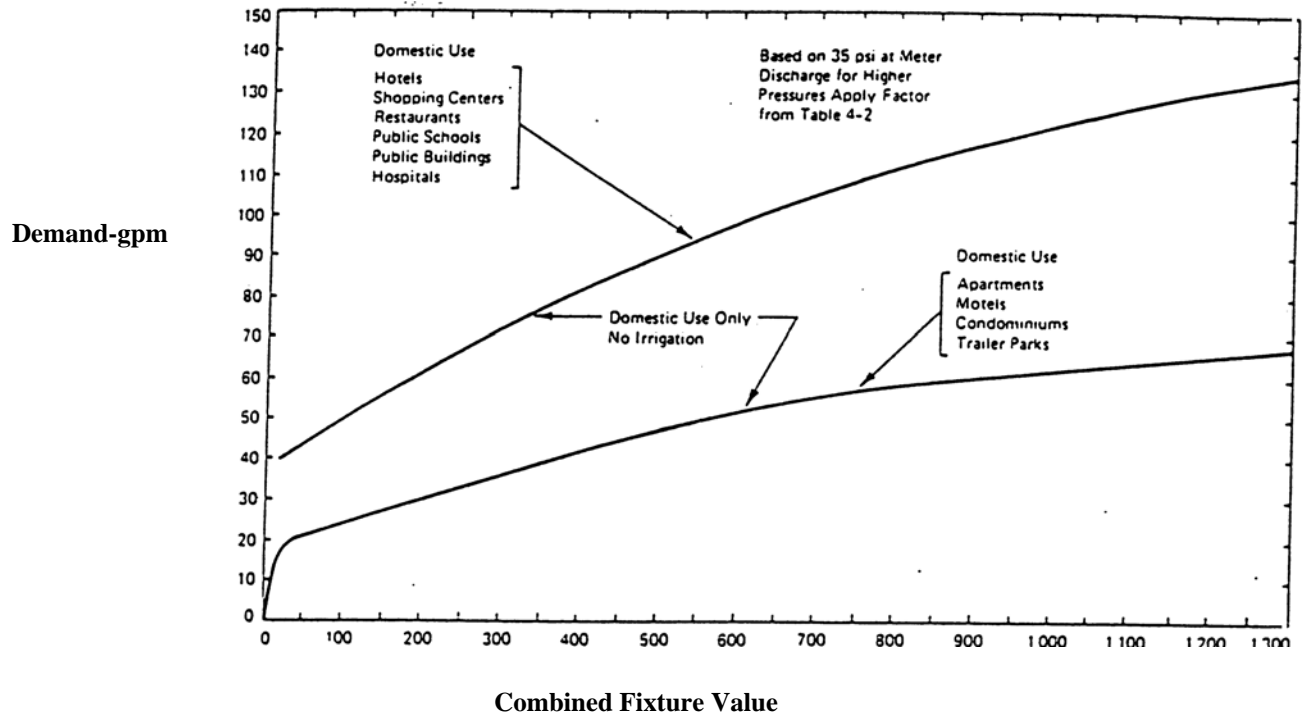


Fig. 4.4 Water-Flow Demand per Fixture Value-Low Range

### ESTIMATING THE CUSTOMER'S PEAK DEMAND

**Table 4.2**

*MULTIPLICATION FACTORS TO ADJUST DEMAND LEAD AS OBTAINED FROM TEJ CURVES IN FIGS. 4.4 OR 4.5 TO VARIOUS UTILITY DELIVERY PRESSURES AT THE METER OUTLET*

DESIGN PRESSURE PSI	FACTOR
20	0.74
30	0.92
<b>35 Base</b>	<b>1.00</b>
40	1.07
50	1.22
60	1.34
<u>70</u>	<u>1.46</u>
80	1.57
90	1.68
100	1.78

## SIZING THE CUSTOMER'S SERVICE AND METER

**TABLE 5.6**  
*Displacement-Type Meters Meeting AWWA Standards*  
*Flow-Pressure Loss Averages of 1990-Model Meters*

Size In	Maximum Capacity AWWA Flow Criteria		Recommended Design Criteria—80% Cap.		Continuous Flow Criteria—50% Cap.		Brands included in averages
	<i>gpm</i>	<i>psi</i>	<i>gpm</i>	<i>psi</i>	<i>gpm</i>	<i>psi</i>	
½	15	7.9	12	5.0	7.5	2.0	1
5/8	20	9.7	16	6.2	10	2.4	5
¾	30	10.4	24	6.7	15	2.6	5
1	50	9.8	40	6.3	25	2.5	5
1 ½	100	10.6	80	6.8	50	2.7	4
2	160	11.3	130	7.1	80	2.8	4

**TABLE 5.7**  
*Compound-Type Meters Meeting AWWA Standards*  
*Flow-Pressure Loss Averages of 1990-Model Meters*

Size In	Maximum Capacity AWWA Flow Criteria		Recommended Design Criteria—80% Cap.		Continuous Flow Criteria—50% Cap.		Brands included in averages
	<i>gpm</i>	<i>psi</i>	<i>gpm</i>	<i>psi</i>	<i>gpm</i>	<i>psi</i>	
2	160	8.0	130	5.1	80	2.0	5
3	320	7.2	255	4.6	160	1.8	5
4	500	6.2	400	4.1	250	1.6	5
6	1000	8.4	800	5.4	500	2.1	5
8	1600	14.5	1300	9.3	800	3.8	1

**TABLE 5.8**  
*Class II Turbine-Type Meters Meeting AWWA Standards*  
*Flow-Pressure Loss Averages of 1990-Model Meters*

Size In	Maximum Capacity AWWA Flow Criteria		Recommended Design Criteria—80% Cap.		Continuous Flow Criteria—50% Cap.		Brands included in averages
	<i>gpm</i>	<i>psi</i>	<i>gpm</i>	<i>psi</i>	<i>gpm</i>	<i>psi</i>	
2	160	4.0	130	2.5	100	1.0	5
3	350	4.0	280	2.6	240	.9	5
4	630	2.0	500	1.4	420	.7	5
6	1400	2.0	1100	1.2	920	.5	5
8	2400	2.7	1900	1.7	1600	.7	5
10	3800	2.6	3000	1.4	2500	.5	5
12	5000	1.7	4000	1.1	3300	.4	1





# CENTENNIAL

WATER AND SANITATION DISTRICT

62 West Plaza Drive  
Highlands Ranch, CO 80129  
Phone: 303-791-0430  
Fax: 303-791-0437  
www.highlandsranch.org

## Commercial Irrigation Schedule Application

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**This completed application form, and the required information listed below, must be submitted to the Centennial Water and Sanitation District in its entirety before the commercial irrigation schedule will be reviewed. Irrigation without an approved schedule which is out of compliance with District Guidelines will be considered a violation and subject to a surcharge, where applicable.**

**Business Name/Property Location:** \_\_\_\_\_

**Name of Property Owner/\*Responsible Party:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_

Account Number/Numbers: \_\_\_\_\_

Reason for Special Schedule Request: \_\_\_\_\_

\_\_\_\_\_

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**Maintenance Contractor/Management Company:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**INFORMATION REQUIRED PRIOR TO UTILITIES DEPARTMENT REVIEW:**

Please provide the information requested on the reverse side of this application

I have read all the accompanying information and understand my responsibilities and obligations as outlined by the Centennial Water and Sanitation District with regard to irrigation of the above property.

\_\_\_\_\_  
Signature of Owner/Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Landscape Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Centennial Approval

\_\_\_\_\_  
Date

Notification:  
Customer Service  
Conservation  
Public Works

# Irrigation System Overview

## General Guidelines

Sufficient information is required that describes the irrigation operation to calculate the water application depth per day and for the entire irrigation season.

The District has adopted the Irrigation Application Rates used in calculation of Water Budgets. (See Exhibit A-1 of the Rules and Regulations) The information requested should demonstrate how the irrigation system would be managed to meet this objective.

## Information to Submit

- Address of Irrigation Meter
  
- Provide a drawing or site plan showing the irrigated area covered by this application
  
- Size of irrigation meter: \_\_\_\_\_ (If multiple taps, indicate size of each)
  
- Are multiple meters interconnected?  yes  no
  
- Approximate square footage of irrigated area served by each meter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Manufacturer and model # of irrigation controller: \_\_\_\_\_
  
- What type of heads are used in your system
  - Spray Heads- 100% of system
  - Spray Heads covering \_\_\_\_\_ SF
  - Rotor or Impact Heads- 100% of system
  - Rotor or Impact Heads covering \_\_\_\_\_ SF
  - Other \_\_\_\_\_
  
- Watering Schedule
  - Days of Week \_\_\_\_\_
  - Time of Day \_\_\_\_\_
  - Number of Run Times \_\_\_\_\_
  
- Does controller have a rain sensor override?  yes  no
  
- The current irrigation restriction for Highlands Ranch is no watering between 10:00 a.m. and 6:00 p.m. Restrictions may change at any time and are subject to Board approval.
  
- Will the system not be able to follow this restriction for any reason?  yes  no

Reason : \_\_\_\_\_

- Please indicate station run times, days of the week and time of day that system will be operating (ie: 5:00 am-10:00am). Indicate sprinkler head type and application or precipitation rate {inches/hour}. Show how the planned watering schedule will apply an average of 27" for April-October during drought restrictions. Attach a monthly schedule for the irrigation season. The approximate period for irrigation budgets starts the end of April and finishes the beginning of October.